

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 08-11-2010

Address: CR 200 S W of SR 9

Case #: 22F46167

Albion, IN

County: Noble

Type of Laboratory Seizure (check one)

- ☐ Operational Lab
☒ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☐ Residence
☐ Outbuilding
☒ Vehicle
☐ Hotel/Motel
☐ Open - No Structure
☐ Other:

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☐ Lithium/Ammonia Reaction(s): _____
☐ Red Phosphorous/Iodine Reaction(s): _____
☒ Flammable Solvents: Vehicle
☐ Water Reactive Metal (Lithium): _____
☐ Anhydrous Ammonia: _____
☐ Hydrochloric Acid Gas Generator(s): _____
☐ Corrosive Acid: _____
☒ Corrosive Base: Vehicle
☒ Other (item and location): Ammonium Nitrate : Vehicle

Child under age 18 discovered (check one)

- ☐ Yes _____ (number present)
☒ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log
☐ Retail/Merchant Tip
☒ Other: Noble County Sheriff

This report is to be faxed to the following agencies that serve the location:

Fire Department: Albion

Fax: 260-636-6030

Health Department: Noble

Fax: 260-636-2192

Child Protection Service: _____

Fax: _____

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: A. LOMONACO Phone 574-206-2931

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.